PART B - FEE(S) TRANSMITTAL PE

Complete and send this form, Ogether with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should a used for transparing the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence solutions the property of the correspondence address as indicated unless corrected below or directed appropriate. In Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

01/23/2006

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/893,969	06/29/2001	Seiki Tomita	WEN-00?	6129

TITLE OF INVENTION: MEDICAL APPARATUS AND MEDICAL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	04/24/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
JOHNSON III, HENRY M		3739		606-004000		
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI		Correspondence ation form of a Customer E PRINTED ON T clow, no assignee of this form is NOT	(1) the na or agents (2) the na registered 2 registered listed, no THE PATEN data will app a substitute	pear on the patent. If an assignment	ent attorneys 1 Rader PLLC 2 an ember a mes of up to lif no name is 3 an ember is life below, the (2006 MBEYEHE2 00000000000000000000000000000000000	
Nidek Co.,			JAPAN	คว เก	:6001 9.00 DA	À
4a. The following fee(s) are	enclosed:	4b d)	Payment of A check Payment	Fee(s): in the amount of the fee(s) is of by credit card. Form PTO-20.	enclosed. 38 is attached.	or credit any overpayment, to copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is is requested to apply the Issu ublication Fee (it required) wo prods of the Unded States Pare) 37 CFR 1.27.	b. Applic	ant is no longer claiming SM.	ALL ENTITY status. See 37	"
Authorized Signature		5	6,290		3/15/06	
Typed or printed name _	Ronald P. Kan	anen		Registratio	n No. <u>24,104</u>	

This collection of information is required by 37/CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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